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UNITED STATES PATENT AND TRADEMARK OFFICE  
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**\*BIBDATASHEET\***

Bib Data Sheet

**CONFIRMATION NO. 3176**

SERIAL NUMBER 09/460,962	FILING DATE 12/14/1999 RULE	CLASS 345	GROUP ART UNIT 2674	ATTORNEY DOCKET NO. 450.311US1
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**APPLICANTS**

CORWYN R. MEYER, SIOUX FALLS, SD;

**\*\* CONTINUING DATA \*\*\*\*\***

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

**\*\* 01/28/2000**

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	SD	DRAWING 5	CLAIMS 16	CLAIMS 4
Verified and Acknowledged Examiner's Signature	<i>Mark R. Meyer</i>	Initials			

**ADDRESS**

24333  
GATEWAY, INC.  
ATTN: MARK S. WALKER  
610 GATEWAY DRIVE  
MAIL DROP Y-04  
N. SIOUX CITY, SD  
57049

**TITLE**

APPARATUS AND METHOD FOR DETECTION OF COMMUNICATION SIGNAL LOSS

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
RECEIVED 838	No. _____ for following:	

SERIAL NUMBER 09/460,962	FILING DATE 12/14/99	CLASS 455	GROUP ART UNIT 2749	ATTORNEY DOCKET NO. 450.311US1
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APPLICANT

CORWYN R. MEYER, SIOUX FALLS, SD.

\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*  
VERIFIED

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*  
VERIFIED

\*\*FOREIGN APPLICATIONS\*\*\*\*\*  
VERIFIED

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 01/28/00

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY SD	SHEETS DRAWING 5	TOTAL CLAIMS 16	INDEPENDENT CLAIMS 4
Verified and Acknowledged Examiner's Initials _____	Initials _____				

ADDRESS

SEE CUSTOMER NUMBER: 021186

TITLE

APPARATUS AND METHOD FOR DETECTION OF COMMUNICATION SIGNAL LOSS

FILING FEE RECEIVED  \$838	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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